-,	CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT	State of Nevada
	Name (print) Office (if applicable)	4028
	2552 N. Crawford	District (if applicable)
	Mailing Address (include city and zip ande) COC Way Las Vegas (7	Telephone No 526 - 56 5
	Select Appropriate Box(es) ANDIDATE PAC BAG POL PRTY IND EXP	AMENDED ANNUAL FILING
	Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003	NX FILED
	Report #1 — Due August 31, 2004 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004	
	Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 — Aug 26, 2004 All others Period: Jan. 1, 2004 — Aug. 26, 2004	NOV 1 0 2004
	Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 – Aug 26, 2004 Report #2 Due — October 26, 2004	CRETARY OF STATE
	Period: Aug. 27, 2004 — Oct. 21, 2004	FOR OFFICE USE ONLY
	Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004	
	Annual Filing – Due January 15, 2005 Period: January 1, 2004 – December 31, 2004 * Third Report suffices for 2005 Annual Filing If candidate also filed Report Nos. 1	and 2
		Cumulative
	CONTRIBUTIONS SUMMARY	From Beginning of Report Period #1 through End of This
	Total Monetary Contributions Received in Excess of \$100	Reporting Period
	Total Monetary Contributions Received of \$100 or Less	975 58
	This Period Cumulative From Beginning of	·
	Report Period #1 Through End of This Reporting Period	
	3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	975 50
	Total Value of In Kind Contributions Received in Excess of \$100	
	EXPENSES SUMMARY	
	Total Monetary Expenses Paid in Excess of \$100	734 -+ 11
	6. Total Monetary Expenses Paid of \$100 or Less 7. Total Amount of All Monetary Expenses Paid (Add Lines Food (1))	185 91
	(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess of \$100	920 00
	·	
ı	AFFIRMATION Declare Under Penalty of Perjury That the Foregoing is True and Correct.	
	Alma Rosa Mendorf	
1		//\-/-/\

Revised: Jan-04

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District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of Ali Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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4)			
(2			
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Alma	Rosa	Vend	070
Name (print)		Office (if a	pplicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	
Pirra 800 Billion	#	6-13-84	#130.07	•
Time Printing 1234 Western Ave Las Veges, NV 89102	H	7-2-2014	#496.61	ı
Attention Sign Co. 3-16 West Sahara Las Vegas NV 89102	H		\$107.50	
Michaels Arts 4 Crafts	as Vega, NV	6-12-04	#38.36 #59.29	
Target		6-10-04	459.29	
Office Depot 3247 Maryland Picna		7-10-04	119.98	
OFFICE Deput 3247 marylagd flow	A	7-02-04	25.56	
Office Dopot 3247 maryland fikur Las Vegas hard saim	A	6-12-04	8.26	
Office Depot 3247 Mary Jayod Potting	ı A	6-12-04	34.39	
				_
			Total= 920.	02

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IN KIND CAMPA CONTRIBUTION			Report Period	#	П
Hlma	Kosa	Mendora			<u>'</u>
Name (print)		Office (if applicable)	District (if an	plicable	e)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN	
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EXPENS	ES		٠

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Report i	Period	#2

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	
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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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